

# California State Journal of Medicine

OWNED AND PUBLISHED MONTHLY BY THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

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Editor and Secretary : : : : : W. E. MUSGRAVE, M. D.  
Managing Editor : : : : : CELESTINE J. SULLIVAN

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## MORE ABOUT THE YOSEMITE MEETING

This is a continuation of the editorial in the October number of the Journal, relating to the Yosemite meeting. If you have not read that editorial please do so.

**Transportation and Hotels:** All matters of every description regarding any phase of transportation or hotel accommodations have been placed in the hands of a committee representing the Yosemite Transportation Committee and the State Medical Society. The personnel of this committee is as follows:

Mr. H. H. Hunkins, Traffic Manager, Yosemite Transportation Co., 637 Pacific Building, San Francisco, Chairman of the Committee.

Dr. James H. Parkinson, 1601 I Street, Sacramento.

Dr. Morton Gibbons, 350 Post Street, San Francisco.

Dr. Paul M. Carrington, 809 Watts Building, San Diego.

Dr. T. C. Edwards, Salinas.

Dr. William H. Kiger, 711 Pacific Mutual Building, Los Angeles.

Mr. R. E. McCormack, Chief Clerk, Yosemite Transportation Co., 637 Pacific Building, San Francisco, Secretary of the Committee.

The Publicity Committee has an announcement which appears on page 446 of this Journal. Please read it.

There will be ample accommodations for every person who wishes to attend the meeting in Yosemite. The earlier the reservation, the more certain you will be to get what you want. Write to Mr. Hunkins' office without delay, stating your needs. At the same time ask the same committee regarding your transportation. The railroad companies are making provision whereby tickets may be purchased to Yosemite and return home, or they may be purchased to St. Louis for the A. M. A. convention, with stopover privileges of four days in Yosemite. The rates will be such as the railroad companies can arrange for under the rules of the association of terminal lines and as provided for by the Railroad Commission.

The committee on transportation and hotels will have its offices at 637 Pacific Building, San Francisco, and in ample time will transfer these offices to Yosemite Park. In the Yosemite office there will be present during the convention a representative of all the railroads, with power to advise and make necessary changes in tickets or to sell tickets.

Do not forget that the meeting is Monday to Thursday, the 15th to 18th of May.

The program will be published in February and those interested in contributing papers should address the secretary of the appropriate section (list published on page 447 of this Journal) without delay.

Any question or problem of any description should be promptly communicated to the Secretary of the State Society.

## ABOUT "FEE SPLITTING"

There is a growing confusion and not a little misunderstanding in the minds of many physicians regarding "fee splitting." The evidence seems to indicate a certain amount of definite encouragement of both the confusion and the misunderstanding.

The Principles of Ethics very specifically and quite properly condemns the *secret* division of a fee. It is also unprofessional to give or receive a commission. In other words, it is degrading and unprofessional for a physician to be a party to any transaction that permits payment for anything except for services rendered to the patient. On the other hand, each and every physician actually rendering service to any patient is entitled to share in whatever compensation is available for the composite service. The Principles of Ethics specifically provide for this situation in the latter part of Section 3 of Article VI:

"It is also unprofessional to divide a fee for medical advice or surgical treatment, unless the patient or his next friend is fully informed as to the terms of the transaction. The patient should be made to realize that a proper fee should be paid the family physician for the service he renders in determining the surgical or medical treatment suited to the condition, and in advising concerning those best qualified to render any special service that may be required by the patient."

This section provides quite definitely for divisions of a fee, protects the family physician in charge of the patient and the patient or person who pays the bill. It quite definitely provides that the patient must be fully informed of the arrangements for the division of the fee among all those who have served, and intimates with sufficient clarity that the family physician should assume a responsible role in such transactions.

There is nothing that is confusing or difficult to understand in our ethics. They condemn *secrecy* in the apportionment of earned fees; condemn

cancer of the cervix is necessary if there is to be a tangible hope of permanent cure from any of the surgical procedures with which we are familiar.

2. Early diagnosis can be attained through the education of the individual patient by her personal physician, by removal of a section for examination from every cervix in the least suspicious, and by the routine pathological examination of specimens from every case in which repair or amputation has been performed.

3. Many cases of cancer of the cervix might be prevented if high amputation were adopted as a routine procedure in every case of lacerated eroded hypertrophied cervix found in women beyond the probable child-bearing age.

4. As a rule, with but few exceptions, radical pan-hysterectomy should be limited to those cases which are discovered before any marked symptoms or positive physical signs are present.

5. In the general interests of humanity and humaneness, all bloody or painful procedures should be abandoned in late cases, and palliation by radium adopted as the routine procedure.

6. In border line cases the condition and outlook should be presented with the utmost frankness and the patient's desires should then have as much weight as any other factor in determining how the case should be managed.

Title Insurance Bldg., Los Angeles.

#### NOTICE

The December Journal will contain a symposium on Industrial Medicine.

#### THE VALUE OF BLOOD STUDIES\*

By WM. PALMER LUCAS, M. D., San Francisco.

Modern methods of bio-chemistry and physiology have introduced a new conception of the value of blood studies, not only in the understanding of anæmias, either primary or secondary, but also in the study of many other diseases. A true value of the function of kidneys can be better appreciated through a study of the blood than by a study of the urine. In the same way some of the newer methods of analyzing the blood throw light on diseased conditions in other organs, such as the liver, and lungs, and in the complicated problems connected with digestion.

Hemoglobin may be present in sufficient volume and yet the oxygen be unable to be carried or given off in sufficient amounts to satisfy the needs of the tissue cells throughout the body. An example of the inability of the red blood cells to give off oxygen, even though the hemoglobin is present in normal amounts, is that produced by simple cold. Another example is the presence of abnormal salt concentration of the plasma. Exactly how these two factors of temperature and salt contents of the plasma affect the affinity of hemoglobin for oxygen is not well known. The amount of oxygen that can be taken up, and the rapidity with which oxygen can be given off, varies with the temperature of the body. This is

an important factor in the temperature regulation during early infancy. All who have watched newborn infants with disturbed temperature regulations have noted the cyanosis which occurs in these infants with a low body temperature.

The fact that hemoglobin is a colloid and the knowledge we have of the interrelation of electrolytes and colloids makes it evident that the salt content of the blood must affect and regulate to a certain extent the transfer of oxygen. It has been shown that potassium salts are capable of causing hemoglobin to absorb oxygen to some degree. Many studies have demonstrated the fact that the loss of water with the resulting concentration of salts affects the oxidation of the tissues. The buffer quality of these salts undoubtedly affects the oxygen transfer from the hemoglobin to the body cells. This is, as we know, intimately connected with another factor, the hydrogen ion concentration of the blood. It is well known that increasing the acidity of the blood lessens its active concentration of oxygen. The importance of studying the relation of hemoglobin to the three factors, temperature, electrolytes and hydrogen ion concentration, is indicated in the study of almost all blood diseases.

The morphological study of blood furnishes very reliable data as to the condition of the blood-forming organs. Normally the blood level is kept up by daily destruction and replacement of cells. Ashby has recently determined, by estimating the disappearance of cells transfused by the differential agglutination test, that the normal life of the red blood cell is approximately thirty days.

Destruction is continually carried on by the following processes:

FIRST. By phagocytosis. The endothelial cells of the spleen, liver and other organs take part in this process.

SECOND. By fragmentation. This is shown by the occurrence of microcytes and poikilocytes. Fragmentation is produced in the circulation and not in the bone marrow. Normally, there are a few such cells always present within the circulation, but under pathological conditions, when young cells are thrown out in large numbers, these young cells cannot stand the functional strain put on them and become easily fragmented. Under pathological conditions, not only fragmenting cells, but also cells with vacuoles may be found. These ultimately become hemoglobin dust and are removed from the circulation to be stored in the spleen. Such hemoglobin dust is found normally in the spleen, but appears in much greater quantity in anemic conditions.

THIRD. Destruction occurs by hemolysis. Under normal conditions this probably plays very little part, as hemolysis is normally an intra-cellular process, but in pathological conditions it may play a big part. Under such conditions hemoglobinuria occurs often accompanied by fever and chills.

FOURTH. Disintegration is also shown by the increased fragility of the red blood cells. This is especially found in certain pathological conditions, such as congenital hemolytic icterus, in which there is pronounced blood destruction.

\* Read before the Fiftieth Annual Meeting of the Medical Society of the State of California, Coronado, May, 1921.

Automobile Club of Southern California, might well be consulted before starting the trip to ascertain just what roads are open.

A free road map, showing all routes and distances to Yosemite and also giving the automobile regulations of the park and other valuable information, may be had by addressing a postal card to the Yosemite National Park Co., 637 Pacific Building, San Francisco.

Arriving in Yosemite Valley, Sentinel Hotel and Yosemite Lodge will receive the visitors. The Sentinel is situated in the village, while the Lodge is across the river, less than one-half mile distant, in a grove of pines at the foot of Yosemite Falls. Both offer accommodations and service of the highest type, the Sentinel having its living quarters in rooms, with and without private bath, in a main and annexed buildings and the Lodge having the cabin plan of accommodations, individual houses, with and without private bath, grouped around an attractive community center.

Unobtrusive service and supremely good food have made the Sentinel favorably known to even the most jaded of globe trotters. It is one of the few hotels in the world electrically equipped throughout, all heating, lighting and cooking being done by hydro-electric power. It also is one of those rare hostelries which are operated on an "unlimited" policy in the kitchen, the chefs being unrestricted in their use of good things, so that the Sentinel justly claims the highest per capita consumption of cream, butter and eggs of any hotel on the Pacific Coast.

Rates at the Sentinel (American plan) are \$6 and \$7 a day per person in rooms without private bath, and \$9 a day per person in rooms with private bath. All rooms are outside rooms and nearly all rooms are equipped with twin beds.

The cabin type of resort, frequently encountered in the West, has reached its highest development in the American plan accommodations of Yosemite Lodge.

Redwood cabins with private baths, many of the cabins also having screened sleeping porches, may be had for \$7.50 per person per day, American plan. A generous porch gives entrance to a bedroom equipped with twin beds and other furniture of attractive design, and heated by 5000 Watt electric heaters. A dressing room or large closet provides ample space for hanging clothes. The bathrooms are equipped in spotless porcelain.

Redwood cabins without private bath make up the second group and are furnished similarly to those having baths, except that bowls and pitchers take the place of running water, and small stoves burning fragrant pine or cedar wood are used for heating. The American plan rate is \$5.50 per person per day.

Canvas cabins form the third group—and do not confuse the Lodge's canvas cabins with tents. Canvas cabins here are all that the name implies, houses with canvas for walls. They are floored, of course, and electrically lighted. Entrance is by a screen door and there are six screened windows with curtains and awnings. Furnishings are similar to those in redwood cabins without bath, and the charge is the same, \$5.50 per person per day, American plan.

Maid service in all classes of cabins assures plenty of clean towels and, in the cabins without baths, fresh water. Hot water for the morning toilet may be had without extra charge by those living in cabins without baths, if they will leave cabin number and hour desired with the Lodge office. Detached baths and sanitary, flush toilets are located conveniently.

Reading room, writing room, dining room, broad verandas, soda fountain and curio and news shops are included in the main building of Yosemite Lodge, with outdoor dancing pavilion and

theatre for evening entertainments just in front. Individual service at table is a feature of the Lodge's American plan dining room, where excellent food is appetizingly served.

Both the Sentinel and the Lodge are near the Village, the Government Pavilion, and other places where clinics and sections will meet, but for the benefit of those who do not wish to walk, a local service automobile will be operated over the floor of the Valley, following a regular route just like a street car, the fare being reduced to ten cents for the benefit of the Medical Society.

Inquiries regarding transportation to Yosemite, trips inside the park to Hetch Hetchy, the Big Trees and Glacier Point, and hotel accommodations, should be addressed to H. H. Hunkins, Traffic Manager, Yosemite National Park Co., 637 Pacific Building, San Francisco, who is acting as chairman of the Transportation and Hotel Committee for the convention.

One of the popular resorts in Yosemite Valley is Camp Curry, situated about one mile east of the village. All accommodations are on the American Plan, with accommodations in wooden bungalows with private bath for \$6 per person per day, electric stoves 50 cents per day extra, and in tents for \$4 per person per day. The resort is situated in a beautiful pine grove, with attractive central buildings and nightly camp fire and entertainment.

#### GENERAL SESSION AND SECTION OFFICERS FOR THE 1922 MEETING OF THE STATE SOCIETY

The list of the officers of the general sessions and the various sections of the State Society is published below, so that members desiring to contribute papers may have the names and addresses of the proper officers of the section in which they are interested. Members desiring to present papers should communicate without delay with the chairman and secretary of the appropriate section, because the program is getting well under way and will be closed and go to press the first week in February.

The Secretary of the State Society, as chairman of the General Program Committee, invites correspondence and suggestions regarding any phase of the 1922 program.

##### GENERAL SESSIONS

Chairman, Dr. John H. Graves, President of the Society, 977 Valencia Street, San Francisco.  
Secretary, Dr. W. E. Musgrave, Chairman of the Program Committee, 912 Butler Building, San Francisco.

##### SECTION ON TECHNICAL SPECIALTIES

Chairman, Dr. Ray Lyman Wilbur, President Stanford University.  
Secretary, Dr. Charles T. Sturgeon, Merritt Building, Los Angeles.

##### SECTION ON MEDICAL ECONOMICS, EDUCATION AND PUBLIC HEALTH

(League for the Conservation of Public Health)  
Chairman, Dr. Dudley Smith (President League for the Conservation of Public Health), Thomson Building, Oakland.  
Secretary, Dr. W. T. McArthur (Secretary League for the Conservation of Public Health), Security Building, Los Angeles.

##### SECTION ON INDUSTRIAL MEDICINE

##### AND SURGERY

Chairman, Dr. E. W. Cleary, 177 Post Street, San Francisco.  
Secretary, Dr. Packard Thurber, 906 Black Building, Los Angeles.

##### SECTION ON RADIOLOGY

(Roentgenology and Radium Therapy)  
Chairman, Dr. Albert Solland, 527 West Seventh Street, Los Angeles.  
Secretary, Dr. H. E. Ruggles, Butler Building, San Francisco.

##### SECTION ON PATHOLOGY

##### AND BACTERIOLOGY

Chairman, Dr. William Ophuls, Stanford University Medical School, San Francisco.  
Secretary, Dr. Roy W. Hammack, Brockman Building, Los Angeles.

##### SECTION ON GENERAL MEDICINE

Chairman, Dr. Joseph M. King, Brockman Building, Los Angeles.  
Secretary, Dr. E. S. Kilgore, 391 Sutter Street, San Francisco.

##### SECTION ON PEDIATRICS

Chairman, Dr. William Palmer Lucas, University Hospital, San Francisco.  
Secretary, Dr. Hugh K. Berkley, Brockman Building, Los Angeles.

**SECTION ON NEUROPSYCHIATRY**

Chairman, Dr. Walter F. Schaller, 909 Hyde Street, San Francisco.  
Secretary, Dr. W. B. Kern, Brockman Building, Los Angeles.

**SECTION ON GENERAL SURGERY**

Chairman, Dr. Charles D. Lockwood, 295 Markham Place, Pasadena.  
Secretary, Dr. Edmund Butler, Butler Building, San Francisco.

**SECTION ON EYE, EAR, NOSE AND THROAT**

Chairman, Dr. Frank A. Burton, Watts Building, San Diego.  
Secretary, Dr. Harvey McNaught, Butler Building, San Francisco.

**SECTION ON UROLOGY**

Chairman, Dr. George W. Hartman, 999 Sutter Street, San Francisco.  
Secretary, Dr. Louis Clive Jacobs, 462 Flood Building, San Francisco.

**SECTION ON ORTHOPEDIC SURGERY**

Chairman, Dr. W. W. Richardson, Brockman Building, Los Angeles.  
Secretary, Dr. G. J. McChesney, Flood Building, San Francisco.

**SECTION ON ANESTHESIOLOGY**

Chairman, Dr. Mary E. Botsford, 807 Francisco Street, San Francisco.  
Secretary, Dr. Eleanor Seymour, 308 Consolidated Realty Building, Los Angeles.

**SECTION ON GYNECOLOGY AND OBSTETRICS**

Chairman, Dr. Harry M. Voorhees, Brockman Building, Los Angeles.  
Secretary, Dr. L. A. Emge, Stanford University Hospital, San Francisco.

## SECOND SEMI-ANNUAL MEETING OF THE COUNCIL OF THE STATE SOCIETY AND THE OFFICERS OF CONSTITUENT SOCIETIES

The second semi-annual meeting of the State and constituent society officers was held in San Francisco on Saturday, September 24, 1921. The meeting was well attended by forty-one delegates, representing constituent societies from nearly every part of the State. Several of the local societies unfortunately were not represented.

It was a splendid meeting with a definite program which elicited much discussion and was carried out in a series of resolutions. Dr. John H. Graves, president of the State Society, presided, and short addresses were given by President Graves, Dr. Dudley Smith, president of the League for the Conservation of Public Health, Mr. Hartley F. Peart, general counsel for both the State Society and the League, and a number of other representatives. The importance and effectiveness of these semi-annual meetings of the Council and officers of the various societies is indicated by the following series of resolutions passed unanimously at this meeting:

### 1. Monthly Report of County Secretaries:

RESOLVED, That the Council of the State Medical Society and the officers of constituent societies meeting in joint session unanimously endorse and approve the program of monthly reports by secretaries of constituent societies to the State Society. It is to the best interest of medicine for the public and the profession that these reports be forwarded every month and made as complete as possible, regardless of whether the society holds a meeting or not.

### 2. Constituent Society Representation at the State Meeting:

RESOLVED, That the Council of the State Medical Society and the officers of constituent societies, meeting in joint session, unanimously endorse and approve the policy of the State Society's including in the program of annual meetings arrangements for one or two joint meetings between the council and the officers of constituent societies as part of the official program. It is understood that this will necessitate the presence at each State meeting of the officers of each constituent society in an official capacity;

(b) That care be used in the selection of delegates and alternates of constituent societies

to the State meetings, so that the House of Delegates may be truly representative; and that it be interpreted as a most important public duty for the delegates and alternates to attend the State meetings; and

(c) That, whenever the officially elected delegates and alternates fail to attend the State meeting for any legitimate reason, the president or secretary of the society, who will be present in another official capacity, may act as delegate.

### 3. Change of Officers:

RESOLVED, That this joint meeting go on record as unanimously in favor of a policy that will insure, as far as may be, a fair degree of permanency in the secretary's office of constituent societies. To this end, it is our opinion and our recommendation that constituent societies select their secretaries with the greatest care and that frequent changes in this office be avoided.

(b) In order further to secure consecutive policy in the constituent societies, we recommend that all constituent societies elect in addition to the secretary an assistant secretary, who shall be an understudy to the secretary and who for any legitimate reason shall assume the duties of secretary;

### 4. Training of Officers for Medical Organizational Purposes:

This body unanimously recommends that the State Society prepare an adequate outline of the duties of president, vice-president and secretary-treasurer of constituent societies, and that the State secretary be requested to present this program at the next meeting of this joint body for consideration.

(b) In order that officers of the State and constituent societies may serve their purpose in the most useful way, we recommend that it be part of the official duty of officers of constituent societies when in San Francisco to visit the State offices for the discussion of special problems peculiar to our organization.

### 5. Stated Meetings of the State and Constituent Society Officers:

RESOLVED, That this body unanimously endorse and approves the policy of definite meetings of State and constituent society officers as follows: One or two meetings at and during the annual meeting and one midyear meeting, to be held alternate years in Los Angeles and San Francisco.

### 6. Program Arrangements for Constituent Societies:

RESOLVED,

(a) That each constituent society prepare and execute each year one special program; that this program be sent to the State secretary, who will give it publicity, with the hope that it will be taken in toto as the program of another society;

(b) That the program committee of the State Society be requested to prepare and issue to all societies one or more uniform programs, to be discussed at the same monthly meeting by every society in the State. These programs should relate to subjects of importance to all members of the profession;

(c) That it be understood to be a duty of the councilor for each councilor district to visit at least one meeting a year of each constituent society within his district; and that he, in the discharge of this duty, should arrange with the secretary of the society to be visited for the program for that particular meeting; provided, that each councilor report on the execution of this part of the program at the State meeting;

(d) That the policy of a certain number of open meetings for each constituent society is approved and recommended. In the opinion of this body each constituent society should hold not less than one nor more than three open

**RESOLVED FURTHER**, That the editor of the Journal be instructed not only to refuse publication of any matter favoring health insurance or State medicine or similar activities, but whenever or wherever it may be done judiciously the editorial columns of the Journal are to be used against any or all such movements.

**Provisions for Retirement:** The following resolution was presented to the Council:

**RESOLVED**, That the State Society approves a policy of making provision in its constitution and by-laws for retired members;

**RESOLVED FURTHER**, That it be suggested to the Councils of the various constituent societies that they consider this matter for their own organizations. It is recommended that retirement be permitted for any physician who is no longer engaged in the practice of medicine or in income-producing effort in any medical or public health field, under such conditions as any local society may approve, the retired member to pay \$1.00 a year to his local organization and \$1.00 a year to the State organization: Provided, that such retired member has been continuously for the period of two years next preceding his retirement a member in good standing in his local society. For this small amount he is to be continued during life as a retired member in good standing, entitled to all of the privileges of active members, except legal defense, and subject to the same discipline.

The Council approved the policy laid down in this resolution and recommended that it be considered by the Councils of various constituent societies and submitted for their joint action at the meeting of the Council with the officers of constituent societies to be held in Yosemite next May.

**About Advertising:** The Council passed unanimously a resolution as follows:

**RESOLVED**, That no advertising matter from physicians offering their professional services shall be printed in the Journal except from a member or members of a State medical society in good standing, or one who has made application for membership and whose application is still pending.

**Indemnity Defense Fund:** Discussion was had as to the present condition of the Indemnity Defense Fund and as to what steps could be taken to bring the existence of the fund and the advantages of becoming a member to those doctors who have not already joined the same. Discussion also included consideration of the limited number of commercial companies now in this field and the advantages of perfecting the society's own defense without reference to any outside insurance. Pursuant to the desirability expressed above of increasing the membership in the Indemnity Defense Fund and bringing the advantages of becoming a member to all doctors who have not joined, it was voted that a one-half page of the advertising columns of the Journal be placed at the disposition of the Indemnity Defense Fund each month for such copy as the attorney should see fit to use in it.

## Extension Work

Extension work of the State Society was discussed editorially in the August issue of the Journal. The subject was given consideration at the recent semi-annual meeting of state and county society officers. Those interested in the problem should read the resolutions published in the proceedings of this semi-annual meeting in the November issue of the Journal, page 448.

The following list of speakers and their subjects has been completed. Others will be added to the list and published from time to time.

Societies may invite any of these speakers directly or they may send their requests to the State Secretary.

**Alfred C. Reed, M. D.,**

350 Post Street, San Francisco.

1. Heart Disease in Everyday Practice.
2. Diagnosis and Treatment of Amebic Colitis.
3. Vitamines and Food Deficiency Diseases.

**Eugene S. Kilgore, M. D.,**

391 Sutter Street, San Francisco.

1. Irregularities of the Heart:

A brief discussion of the seven most common cardiac arrhythmias (sinus arrhythmia, heart block, extra-systoles, paroxysmal tachycardia, flutter, fibrillation, and alternating pulse). Special emphasis is placed upon the clinical bearing of these irregularities as they affect prognosis and treatment; also upon simple ways of recognizing them without special instruments.

2. The Treatment of Infections of the Heart and Aorta:

Bacterial infections are often insidious and overlooked during active stage, when rest and not digitalis is needed. Presence or absence of systolic murmurs often misleading. During healed or quiescent stage of endo-, myo- or pericarditis are problems, which vary greatly in different cases, of adjusting load to preserve compensation. During decompensation beware of reinfection. Means of lessening the heart's work and helping it meet minimal requirements. Newer suggestions in use of digitalis and quinidine. In syphilitic infections intensive and long-continued anti-luetic treatment is essential, but the greatest difficulty lies in sufficiently early diagnosis. Diversity of early symptoms. Aid from suitable X-rays.

3. The Handling of Hypertension Cases:

Prophylaxis involves heredity, infections, and strenuous living. Importance and difficulty of early recognition. Experience with college students. Futility of late eradication of focal infections.

Fully developed cases may, to slight extent, avoid the hazard of apoplexy, may be safeguarded somewhat against renal failure, but can accomplish most in prolonging circulatory efficiency. Disappointment in pressure-lowering drugs. Use of digitalis. Value of regimen and schooling, especially to avoid heart "bumping." Blood-letting. Treatment of acute decompensation.

**H. Lissner, M. D.,**

240 Stockton Street, San Francisco.

- I—The More Important Diseases of Ductless Glands; Their Clinical Signs and Symptoms. (Illustrated by lantern slides.)

- (a) Thyroid—

- (1) Exophthalmic goiter.
- (2) Toxic adenoma.
- (3) Myxedema.
- (4) Sporadic cretinism.

- (b) Pituitary—

- (1) Gigantism.
- (2) Acromegaly.
- (3) Infantilism.
- (4) Dystrophia adiposa-genitalis.

- II—The Less Well Known Diseases of Ductless Glands.

- (a) Parathyroid—

- (1) Tetany.

- (b) Adrenal—

- (1) Addison's disease.
- (2) Pseudohermaphroditism.
- (3) Precocious sexuality.

- (c) Pineal—

- (1) Precocious sexual development.

- (d) Thymus—

- (1) Status thymus-lymphaticus.

- (e) Testicles—

- (1) Eunuchoidism.

- (f) Ovaries—

- (1) Menstrual disturbances.

- (2) Menopausal disturbances.
- (3) Ovarian obesity.
- (4) Precocious sexuality.
- (g) Placenta, mammary, prostate, pancreas, spleen.

III—Hypopituitarism and Its Treatment. (Illustrated by lantern slides.)

- (a) Levi Lorain infantilism.
- (b) Froelich's dystrophy adipose-genitalis.
- (c) Post-adolescent hypopituitarism.
- (d) Pituitary obesity.
- (e) Pituitary amenorrhoea.
- (f) Pituitary headache.
- (g) Pituitary epilepsy.
- (h) Pituitary psychoses.
- (i) Diabetes insipidus.

The clinical signs and symptoms, and the treatment of the above conditions.

IV—The Therapeutic Effects of Pituitary Extracts.

- (a) Pressor effects on the circulatory, alimentary and urinary symptoms, the uterus and the spleen.
- (b) Antagonistic effects in hyperplasia of other ductless glands.
- (c) Supplementary effects in hypopituitarism.
- (d) The different preparations of pituitary extract and methods of administration and dosage.

V. The Differential Diagnosis Between Exophthalmic Goiter and Toxic Adenoma; the treatment of each.

- (a) Clinical course.
- (b) Signs and symptoms.
- (c) Prognosis.
- (d) Medical treatment and results.
- (e) X-ray and radium.
- (f) Surgical procedures.
- (g) Diagnostic tests.
- (h) Basal metabolism as a help in diagnosis and as a guide in treatment.

VI—The General Principles That Should Govern the Treatment of Ductless Gland Disease.

- (a) In hyperactivity—inhibitory agents. X-ray, radium, sedatives, surgery, antagonistic organ extracts.
- (b) In hypoactivity—supplementary feeding.
- (c) Monoglandular therapy; pluriglandular therapy; advantages and disadvantages of each.
- (d) Properly controlled clinical observations as an essential feature of future progress.

**Nelson W. Janney, M. D.,**

Pacific Mutual Building, Los Angeles.

1. Relation of Basal Metabolic Studies to Clinical Medicine.
2. The Treatment of Diabetes Mellitus With Special Reference to Problems of the General Practitioner. (Illustrated with lantern slides.)
3. The Diagnosis and Treatment of Hypothyroidism. (Illustrated by lantern slides.)

**Samuel H. Hurwitz, M. D.,**

516 Sutter Street, San Francisco.

1. Modern Aspects of the Treatment of Diabetes.
2. High Blood Pressure; Its Significance and Management.
3. The Treatment of Asthma.
4. The Value of Certain Modern Laboratory Procedures in the Diagnosis, Prognosis and Treatment of Disease.

**James T. Watkins, M. D.**

Medical Building, San Francisco.

1. The Diagnosis and Treatment of Back Injuries.
2. The Latest Advances in Orthopedic Surgery.

**Alson R. Kilgore, M. D.**

391 Sutter Street, San Francisco.

- I—The Question of Exploring Breast Tumors for Diagnosis.

Impossibility of absolute clinical diagnosis in early stage.

Experience shows that exploration followed by immediate operation for cancer is safe. Exploration with delay for pathological diagnosis almost 100 per cent fatal for certain types of cancer, because metastasis is stimulated.

Findings at exploration make it possible to tell even without frozen section whether tumor is benign or malignant in 90 per cent of cases.

Discussion of exploration appearances:

- (a) Positive evidences of benignancy.
- (b) Positive evidences of cancer.
- (c) Borderline or doubtful group.

Lantern slides.

II—The Pre-cancerous Lesions of the Breast.

Not all breast lesions are likely to degenerate into cancer.

Importance of recognizing the pre-cancerous lesions, because of differences in extent of operative removal required.

Discussion of clinical and exploratory diagnosis and operative indications in each:

- (a) Paget's eczema of the nipple.
- (b) Residual of breast abscess (lactation mastitis).
- (c) Galactocele or milk cyst.
- (d) Single cyst containing papilloma.
- (e) Multiple cysts with papillomas—cystic breast—Schimmelbusch's or Reclus' disease.

Lantern slides.

III—The Diagnosis of Bone Tumors, Clinically, by X-ray and at Exploration—Operative Indications of Each.

Classification of the various bone tumors. Clinical significance of age of patient, location in skeleton, duration of symptoms, pain, pathological fracture.

Rules for interpretation of X-ray appearances.

Diagnostic findings at exploration.

Indications for treatment in each type of tumor.

Demonstrations of Illustrative X-rays and photographs of specimens. Lantern slides.

IV—The Problems of Early Cancer.

Summary of statistical studies demonstrating permanent curability of early as apposed to late cancer.

Increasing difficulty of diagnosis as patients are educated to come early.

Necessity for establishing rules of procedure in the various types of early cancer:

- (1) Lip cancer.
- (2) Other mouth cancer.
- (3) Skin cancer.
- (4) Breast cancer.
- (5) Uterus cancer.
- (6) Bowel cancer.
- (7) Internal cancer.

Relation of syphilis to cancer, with special reference to its bearing on anti-syphilitic treatment of doubtful lesions.

Present status of radium and X-ray in cancer treatment.

**A. B. Cooke, M. D.,**

Hollingsworth Building, Los Angeles.

1. The Nature and Management of Hyperthyroidism.
2. The Classification and Differential Diagnosis of Goiters.
3. Surgical Aspects of the Goiter Problem.

**John Hunt Shepard, M. D.,**

San Jose, California.

1. Our Knowledge of the Thyroid Gland.

**Henry E. Dahleen, M. D.,**

San Jose, California.

1. The Diagnosis of Urinary Lesions.

Joseph Catton, M. D., 209 Post St., San Francisco.

1. **The Injured Head.** What do its symptoms indicate after the first month?

Headache, vertigo, insomnia, irritability, memory defects, asthenia and other symptoms may characterize the case of head injury after the immediate symptoms have cleared away. The same symptoms may be present with definite brain lesions which are demonstrable by present clinical methods; with non-demonstrable organic lesions; or with functional brain derangement variously called traumatic, post-traumatic, or traumatized neroses. Discussion of methods of attack in determining the basis of the symptoms in a given case; present diagnostic limitations; treatment.

2. **Disease and Disability.** Their dissection into the facts, the functional and the feigned.

Dealing with the methods of differentiation of organic, functional and malingered conditions. The importance of such differentiation for proper treatment for patient; for equitable decision as regards liability by courts and commissions; to prevent the doctor being a party to fraudulent claims.

3. **The Doctor Before the Bench.** Considering the conduct of a doctor both before courts and commissions, and in making examinations and reports which find their way to judicial tribunals.

Consideration of the attitude towards patients and their representatives in cases with liability features; the attitude towards representatives of the other side of the case; the attitude towards other doctors who have examined the case. The differences between everyday reports and those in liability cases. The attitude as a witness, including examinations, reports and testimony in industrial accident cases.

4. **Psychoanalysis.** Considered as a "Fringe of Medicine."

Brief story of its development and history. Description of the psychoanalytic method. Its uses. Its abuses. Consideration of its exploitation by laymen, and the resultant danger to public morals, public health and public safety. Its place in medicine in the hands of the neuro-psychiatrist; in the hands of the general practitioner. Its place outside medicine as a sister-cult with Eddyism, adjustmentism, pressureism and the rest. Consideration of the attitude of neglect of use of well-founded scientific mental therapeutic methods, by the medical profession. How the latter leads to the development by and for the members of what Munsterberg has aptly termed "The Intellectual Underworld"—of unscientific practices aimed at the cure of disease, and in many instances more particularly at the accumulation of finance.

## Book Reviews

**"Modern Italian Surgery and Old Universities of Italy,"** by Dr. Paolo De Vecchi, 43 Fifth avenue, New York City, N. Y. Published by Paul B. Hoeber, New York.

The many friends of Dr. De Vecchi, formerly a prominent and much beloved physician of San Francisco, will read with pleasure the volume which he has recently published.

At the close of the war, Dr. De Vecchi spent more than a year in Italy for the purpose of collating the medical history of the Italian campaigns. The results of his inquiry he has recorded in the first hundred pages of this volume, thereby making a notable contribution to the literature of war surgery and sanitation. The last half of the work is devoted to a brief account of the educational institutions of Italy.

Dr. De Vecchi's long residence in Italy, his native country, and his deep interest in all that

pertains to the Italians, has given him peculiar facility for this undertaking. T. W. H.

**General Pathology.** By Horst Oertel. An Introduction to the Study of Medicine. New York: Paul B. Hoeber. 1921.

This treatise on General Pathology by the Strathcona Professor of Pathology of McGill University is interesting in many respects. The absence of all illustrations in a text on pathology is one striking feature. In this connection, Professor Oertel states that "the emphasis has been put on discussion of the nature and development of pathological processes, and it is assumed that laboratory experience will supplement the use of the book."

To the writer of this review it has always been questionable whether in a general pathology the profuse illustrations now so commonly introduced are really necessary or even desirable, because they distract the student's attention from the text and sometimes give rise to erroneous impressions. They certainly can replace in no way the actual handling of the material in the laboratory.

Book one on etiology consists very largely of a brief description of various pathogenic bacteria. This to my mind is the least satisfactory part of the book, because it contains too much bacteriological detail and too little that is of interest of the point of view of general pathology. The emphasis placed on matters historical is commendable and the parts dealing with this side of the subject might be amplified. If the portion dealing with bacteriology were reduced to proper proportions, space would be gained for a fuller presentation of the subjects dealt with in book two—on pathological anatomy, histology and pathogenesis—which in places is so brief as to be confusing, especially to beginners.

On the whole, the book is an interesting attempt to present an old subject in a new way. W. O.

**Edgar A. Poe—A Study.** By John W. Robertson, M. D. Printed in San Francisco, Cal., by Bruce Brough, 1921.

Of all the studies of the life of Edgar A. Poe, this which was undertaken by Dr. John W. Robertson is the most unique, because it is an analysis of the underlying psychopathic basis of Poe's dramatic life. Other men have compiled his writings and elaborated biographies. However, they are most unfortunately based upon a premise of error. In nearly every instance they take their fundamental misinformation from a biography by Griswold.

This man, immediately upon the death of Poe, through underhanded methods gained possession of all his writings and compiled a most scurrilous biography defaming the name of one of the greatest literary men of the age. Griswold had a deep-seated jealousy of Edgar A. Poe, and after the death of the poet he spent his venom upon the name. It is largely owing to the writings of this detractor that we consider Poe a drunkard and a degenerate. He was belied.

Poe was essentially a psycho-neurotic, a morbid genius, a hypersensitive soul, a man of fine dreams and most tender sentiments. He was loyal and loving to his wife and mother-in-law and to those who were fortunate enough to be his intimate friends. He was, however, cursed with periodic alcoholism. This study made by Dr. Robertson shows very clearly that the man was abnormally sensitive to alcohol and that a small amount brought on a pathological state which was often taken for gross intoxication.

It is clearly shown also that drugs in no way entered into the life of this great poet. He was not, as has been claimed, ever under the influence of opium and other hypnotics. His death, undoubtedly influenced to some extent by alcoholism, was clearly one resulting from pneumonia and terminal meningitis, and not the base, inglorious exit de-



The practical value of the Senator's advice is daily demonstrated in California. Our doctors anticipated this advice three years and a half ago by organizing the League for the Conservation of Public Health and are carrying forward a constructive program which is producing better medicine, better hospitals and better health. It is a distinguishing mark of an ethical doctor who is progressing and at the same time practical, that he is an active League member.

**Malpractice Insurance and Its Costs.** (Folonia, Ill., Med. Journal, August, 1921, page 92.) Articles upon this subject are appearing from time to time in various journals. Physicians ought to be interested, and it is not a loss of time to read everything that appears upon the subject.

**Trailing the Robin Hoods of Medicine.** (Editorial, The Century Magazine, October, pages 953-960.) The editor takes the Johns Hopkins Hospital ruling on medical and surgical fees as a text to write a most amazing article on the socialization and nationalization of medicine. The author displays a remarkable lack of knowledge of the ideals, methods and purposes of the medical profession, and he proposes the same old remedies, for what he considers medical failure, that have been proposed so many times before and which are used today as propaganda for nationalization of medicine. The importance of this article lies in the fact that it has editorial prominence in an influential magazine. Paternalism and politics are endeavoring to subject medical science to political process. That way danger lies.

## Openings in U. S. Public Health Service

Examinations of candidates for entrance into the regular corps of the U. S. Public Health Service will be held November 14, 1921, at Washington, D. C., Chicago, Illinois, and San Francisco, California.

Candidates must be between twenty-two and thirty-two years of age, and graduates of a reputable medical school. They must pass satisfactorily oral, written and clinical tests before a board of medical officers.

Successful candidates will be recommended for appointment by the President with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon-General, U. S. Public Health Service, Washington, D. C.

**California Association of Physiotherapists** (reported by Miss Hazel E. Furchgott, president)—At the October meeting Dr. George J. McChesney discussed the subject of Flat Feet and the part played by physiotherapy in the treatment.

At previous unreported meetings, Dr. W. F. Schaller discussed the subject of Electrotherapy; Dr. C. L. Tranter, Physiotherapy and Peripheral Nerve Lesions; Dr. H. C. Naffziger, Physiotherapy and Hemiplegics, and Miss Hogue, superintendent of Stanford University School of Nursing, discussed the subject of Ethics.

The next meeting of the Physiotherapy Association will be held in the rooms of the County Medical Society on November 9, 1921. Dr. Carl Hoag will talk on "Physiotherapy in Treatment of Fractures."

## New Members

Charles R. Brenner, San Diego; Fred H. Linthicum, Los Angeles; John F. Chapman, Pasadena; Leo M. Schulman, Nevin D. Pontius, H. L. McCarthy, L. P. Kaull, G. Glass Davitt, Wm. W. Burson, Herbert I. Bloch, Los Angeles; Sherman Rogers, Tulare; Lloyd D. Mottram, Walter A. Smith, John A. Cooper, Modesto; John S. Hogshhead, Covelo; C. Latimer Callander, Walter G. Harder, San Francisco; Edwin F. Hagedorn, Oakdale; John A. Russell, Auburn.

## Deaths

Jackson, Edward R. Died in Los Angeles, August 30, 1921, age 73. Was a graduate of the Hahnemann Medical College and Hospital, Philadelphia, 1881. Licensed in California, 1915.

Jones, John Leland. Died in Los Angeles, September 30, 1921. Age, 71. Was a graduate of Louisville, Ky., 1872. Licensed in California, 1899.

Scott, Alfred J. (Sr.) Died in Sacramento, Cal., October 16, 1921. A graduate of University of Michigan, 1882. Licensed in California, 1904. Was a member of the Medical Society, State of California, also a member of the State Board of Medical Examiners.

Toner, M. F. Died in Berkeley, Cal. Was a graduate of Jefferson Medical College, 1892. Licensed in California, 1893. Was a member of the Medical Society, State of California.

Young, W. J. Died in Stockton, Cal., September 28, 1921. Was a graduate of Cooper Medical College, Cal., 1897. Licensed in California, 1898. Was a member of the Medical Society, State of California.

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MORE ABOUT THE YOSEMITE  
VALLEY MEETING  
FIRST EDITORIAL THIS ISSUE

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REMEMBER THE DATES OF THE  
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